DOCUMENT RESUME

ED 299 355 UD 026 409

TITLE Excellence in Minority Health Education and Care Act. Hearing on H.R. 954, A Bill to Amend the Public Health Service Act to Authorize Assistance for Centers for Minority Medical Education, Minority Pharmacy Education, Minority Veterinary Medicine Education, and Minority Dentistry Education, before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, House of Representatives, One Hundredth Congress, First Session.

INSTITUTION Congress of the U.S., Washington, DC. House Committee on Energy and Commerce.

PUB DATE 88

NOTE 43p.; For related document, see ED 288 951.

AVAILABLE FROM Superintendent of Documents, Congressional Sales Office, U.S. Government Printing Office, Washington, DC 20402.

PUB TYPE Legal/Legislative/Regulatory Materials (090)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS Dentistry; *Federal Aid; Federal Legislation; *Financial Support; Government Role; *Medical Education; *Minority Groups; Pharmaceutical Education; *Public Health Legislation; Veterinary Medical Education

IDENTIFIERS *Proposed Legislation; *Public Health Service Act

ABSTRACT

This document comprises testimony and materials presented at a hearing on H.R. 954, a bill which would provide assistance for centers for minority education in medicine, pharmacy, veterinary medicine, and dentistry. The following individuals presented testimony: (1) Lindy Boggs, a Representative from Louisiana; (2) William Hill Boner, a Representative from Tennessee; (3) Walter C. Bowie, dean, School of Veterinary Medicine, Tuskagee University; (4) Marcellus Grace, dean, College of Pharmacy, Xavier University; and (5) David Satcher, president, Meharry Medical College. The following individuals and organizations submitted materials: (1) American Association of Dental Schools; (2) American Lung Association; (3) American Veterinary Medical Association; (4) Association of American Veterinary Medical Colleges; (5) Association of Minority Health Professions Schools; (6) J. Bennett Johnson, a Senator from Louisiana; and (7) William Nichols, a Representative from Alabama. The text of the bill is included. (BJV)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

10-4-88

EXCELLENCE IN MINORITY HEALTH EDUCATION AND CARE ACT

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED299355

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT

OF THE

COMMITTEE ON ENERGY AND COMMERCE HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

ON

H.R. 954

A BILL TO AMEND THE PUBLIC HEALTH SERVICE ACT TO AUTHORIZE ASSISTANCE FOR CENTERS FOR MINORITY MEDICAL EDUCATION, MINORITY PHARMACY EDUCATION, MINORITY VETERINARY MEDICINE EDUCATION, AND MINORITY DENTISTRY EDUCATION

JULY 20, 1987

Serial No. 100-97

Printed for the use of the Committee on Energy and Commerce

U.S. GOVERNMENT PRINTING OFFICE
85426-. WASHINGTON : 1988

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

UD026409

BEST COPY AVAILABLE

COMMITTEE ON ENERGY AND COMMERCE

JOHN D. DINGELL, Michigan, *Chairman*

JAMES H. SCHEUER, New York
HENRY A. WAXMAN, California
PHILIP R. SHARP, Indiana
JAMES J. FLORIO, New Jersey
EDWARD J. MARKEY, Massachusetts
THOMAS A. LUKEN, Ohio
DOUG WALGREN, Pennsylvania
AL SWIFT, Washington
MICKEY LELAND, Texas
CARDISS COLLINS, Illinois
MIKE SYNAR, Oklahoma
W.J. "BILLY" TAUZIN, Louisiana
RON WYDEN, Oregon
RALPH M. HALL, Texas
DENNIS E. ECKART, Ohio
WAYNE DOWDY, Mississippi
BILL RICHARDSON, New Mexico
JIM SLATTERY, Kansas
GERRY SIKORSKI, Minnesota
JOHN BRYANT, Texas
JIM BATES, California
RICK BOUCHER, Virginia
JIM COOPER, Tennessee
TERRY L. BRUCE, Illinois
NORMAN F. LENT, New York
EDWARD R. MADIGAN, Illinois
CARLOS J. MOORHEAD, California
MATTHEW J. RINALDO, New Jersey
WILLIAM E. DANNEMEYER, California
BOB WHITTAKER, Kansas
THOMAS J. TAUKE, Iowa
DON RITTER, Pennsylvania
DAN COATS, Indiana
THOMAS J. BLILEY, JR., Virginia
JACK FIELDS, Texas
MICHAEL G. OXLEY, Ohio
HOWARD C. NIELSON, Utah
MICHAEL BILIRAKIS, Florida
DAN SCHAEFER, Colorado
JOE BARTON, Texas
SONNY CALLAHAN, Alabama

WM. MICHAEL KITZMILLER, *Staff Director*
PAUL C. SMITH, *Minority Chief Counsel/Staff Director*

SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT

HENRY A. WAXMAN, California, *Chairman*

JAMES H. SCHEUER, New York
DOUG WALGREN, Pennsylvania
RON WYDEN, Oregon
GERRY SIKORSKI, Minnesota
JIM BATES, California
TERRY L. BRUCE, Illinois
MICKEY LELAND, Texas
CARDISS COLLINS, Illinois
RALPH M. HALL, Texas
WAYNE DOWDY, Mississippi
JOHN D. DINGELL, Michigan
(Ex Officio)
EDWARD R. MADIGAN, Illinois
WILLIAM E. DANNEMEYER, California
BOB WHITTAKER, Kansas
THOMAS J. TAUKE, Iowa
DAN COATS, Indiana
THOMAS J. BLILEY, JR., Virginia
JACK FIELDS, Texas
NORMAN F. LENT, New York
(Ex Officio)

KAREN NELSON, *Staff Director*
PETER BUDETTI, *Counsel*
ELLEN RIKER, *Minority Staff Associate*

CONTENTS

	Page
Text of H.R. 954	3
Testimony of:	
Boggs, Hon. Lindy, a Representative in Congress from the State of Louisiana	18
Boner, Hon. William Hill, a Representative in Congress from the State of Tennessee	16
Bowie, Walter C., dean, School of Veterinary Medicine, Tuskegee University	27
Grace, Marcellus, dean, College of Pharmacy, Xavier University of Louisiana	29
Satcher, David, president, Meharry Medical College	22
Material submitted for the record by:	
American Association of Dental Schools, letter from Richard D. Mumma, Jr., July 20, 1987	38
American Lung Association, statement	41
American Veterinary Medical Association, letter from W.M. Decker, July 17, 1987	36
Association of American Veterinary Medical Colleges, letter from Robert F. Kahrs, July 17, 1987	37
Association of Minority Health Professions Schools, letter from Marcellus Grace, July 20, 1987	39
Johnston, Senator J. Bennett, a U.S. Senator from the State of Louisiana, statement	21
Nichols, Hon. William, a Representative in Congress from the State of Alabama, statement	20

EXCELLENCE IN MINORITY HEALTH EDUCATION AND CARE ACT

MONDAY, JULY 20, 1987

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT,
Washington, DC.

The subcommittee met pursuant to notice at 1 p.m., in room 2123, Rayburn House Office Building, Hon. Henry A. Waxman, (chairman) presiding.

Mr. WAXMAN. The subcommittee will please come to order. In recent years, we have grown used to hearing about a physician surplus. Indeed, the number of physicians entering practice has been growing rapidly. For those who believe in the "trickle down" theory of supply and demand, the presence of more physicians means that all the problems of access to health care have been solved.

Unfortunately, the reality is quite different. While more and more subspecialists and surgeons compete with each other for the lucrative practice settings, low-income individuals and families in inner cities continue to experience a shortage, not a surplus, of health professionals.

In response to the physician surplus, medical schools have cut back their enrollments and many of the Federal programs that expanded professional opportunities in the 1960's and 1970's have been eliminated or drastically reduced in the 1980's. At the same time, the costs of attending medical school have skyrocketed.

For disadvantaged and minority students, the result has been an end to progress in increasing their numbers in the health professions. A recent special report from the Robert Wood Johnson Foundation summarized the current situation this way: "Minority applicants to medical school are better qualified today than in mid-1970's, yet less likely to be accepted.

The solution to minority representation in the health professions is not simple. That special report identified the importance of many different programs and strategies at all levels of education. This subcommittee will look at a number of related programs when we consider reauthorization of title VII of the Pubic Health Service Act later in this Congress. But one central factor has remained of great importance for many years—the historically black professional schools.

The Robert Wood Johnson Foundation's report reminded us of a startling fact—as recently as 1967, approximately 83 percent of the

black physicians then practicing had trained at one of only two medical schools, Howard University or Meharry Medical College. Even now, historically black institutions award over one-fifth of the M.D. degrees to blacks in this country.

Today, the subcommittee will hear testimony about a program to strengthen and enrich four important historically black health professional programs. H.R. 954 would provide grants for centers of excellence in minority medical, pharmacy, dental and veterinary medicine education.

The schools that would benefit from this bill have been the recipients of funding under two earlier programs designed to improve their financial stability. The Financial Distress and Advanced Financial Distress programs, which are now expiring, have helped bring about new leadership and improved management at these schools. H.R. 954 would recognize this progress and establish Centers for Excellence at each of these schools.

Before hearing from our witnesses, I ask unanimous consent that the bill be made part of the record, and that opening statements of any of my colleagues who wish to submit opening statements also be made part of the record.

[Testimony resumes on p. 16.]

[The text of H.R. 954 and the prepared statement of Hon. Mickey Leland follow:]

100TH CONGRESS
1ST SESSION

H. R. 954

To amend the Public Health Service Act to authorize assistance for centers for minority medical education, minority pharmacy education, minority veterinary medicine education, and minority dentistry education.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 1987

Mr. BONER of Tennessee (for himself, Mrs. LLOYD, Mr. GORDON, Mr. FORD of Tennessee, Mr. JONES of Tennessee, Mr. SUNDQUIST, Mr. DUNCAN, Mr. COOPER, Mrs. BOGGS, Mr. HUCKABY, Mr. LIVINGSTON, Mr. TAUZIN, Mr. ROEMER, Mr. BAKER, Mr. HOLLOWAY, Mr. NICHOLS, Mr. FLIPPO, Mr. HARRIS, Mr. BEVILL, Mr. ERDREICH, Mr. STOKES, and Mr. LELAND) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

A BILL

To amend the Public Health Service Act to authorize assistance for centers for minority medical education, minority pharmacy education, minority veterinary medicine education, and minority dentistry education.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Excellence in Minority Health Education and Care Act".

SEC. 2. FINDINGS.

The Congress makes the following findings:

(1) Minority health care needs are serious and tend to be much greater than the health care of the general population. For example, there are 60,600 excess deaths annually among the black population.

(2) While the number of health professionals has increased, there are still very serious shortages of health professionals from minority groups and there has been a drop in the enrollment of minority individuals in some health professional programs.

(3) Health professionals from minority groups have critical roles in serving minority populations, particularly in inner-city areas and rural areas with a high proportion of minority residents. National data show that minority professionals serve low income populations.

(4) Historically, minority health professions schools are among the primary entities addressing the serious needs of minority groups for health care. In medicine one-fifth of minority students are attending four minority schools, in veterinary medicine 75 percent are trained at one minority school, and in pharmacy 50 percent are trained at four minority schools.

(5) Historically, minority schools have developed special capacities in developing activities to prepare

health professionals to serve minority populations most effectively and activities to meet the health care needs of minority populations.

(6) Recent studies of the health care conditions and needs of minorities have identified the following important considerations:

(A) Information dissemination should be increased to increase health awareness and to strengthen healthful practice in minority groups and communities in ways that are sensitive to their special cultural and historical patterns.

(B) Public and patient education must address racial, ethnic, and cultural barriers to proper health care if it is to be effective.

(C) Alternative ways of delivering and financing the health services needed by impoverished persons, among whom minorities are overrepresented, must be investigated, developed, and implemented to improve the efficiency and effectiveness of current and future expenditures for these purposes.

(D) Complex problems concerning the availability and accessibility of health professionals to minority communities must be addressed through

multiple efforts involving private and public agencies at local, State, and national levels.

(E) Additional knowledge and data concerning the specific health care conditions and needs of minority populations must be developed and broadly disseminated. Problems in successfully recruiting minority faculty and students and providing health services to minority populations require special study.

(F) Research on health care problems and services among minority populations should be increased in order to enhance the efficiency and impact on on-going and new programs.

(G) Greatly expanded efforts are needed to ensure that health professions schools and practitioners throughout the country take advantage of knowledge concerning the most effective ways of serving minority populations and their health care needs.

SEC. 3. ASSISTANCE.

Part F of title VII of the Public Health Service Act is amended by redesignating section 788B as section 788A and by inserting after such section the following:

"GRANTS FOR MINORITY EDUCATION

"SEC. 788B. (a) The Secretary may make grants to Meharry Medical College, Nashville, Tennessee—

"(1) to establish a Center of Excellence in Minority Health Education to increase the effectiveness of health care delivery among minority populations, facilitate access to health care services by minority populations, improve the efficiency of service and payment systems, and modify health care services to be more culturally acceptable,

"(2) to demonstrate and refine methods of attracting and retaining high calibre minority faculty who are aware of the specific health needs of minorities and who will conduct research addressed to minority health problems,

"(3) to demonstrate and refine methods of attracting and retaining, and graduating high calibre minority students who will serve minority populations with serious health needs, particularly residents of inner-city and rural areas,

"(4) to maintain a communications network to disseminate information about health promotion, disease prevention, and the use of health services which specifically addresses conditions and needs among minorities,

"(5) to demonstrate patient education methods which address racial, ethnic, and cultural barriers to proper health care,

"(6) to develop and disseminate alternative models of delivering and financing the health services needed by impoverished persons, among whom, minorities are over-represented, and

"(7) to provide consultation and assistance to other medical schools to assist them in developing and influencing more effective educational and service programs to serve minority populations.

With grants under this subsection the Center established under paragraph (1) shall improve the recruitment of minority students, augment its faculty, develop effective techniques for training minorities in the health professions, and establish scholarship programs to attract and retain promising individuals to participate in the programs of the Center.

"(b) The Secretary may make grants to Xavier University College of Pharmacy, New Orleans—

"(1) to establish a Center of Excellence in Minority Pharmacy Education to assist education and research programs which focus on less expensive generic drugs which are commonly dispensed by pharmacists practicing in low-income minority areas,

"(2) to develop and disseminate new patient education materials which discuss the use of less expensive generic drugs and are tailored to the specific conditions and needs of minority populations,

"(3) to extend a research program designed to focus on the needs of minority women and teenagers, emphasizing particularly the risks and difficulties associated with pregnancy, child birth, and child rearing,

"(4) to evaluate the long-term efficacy and safety of anti-hypertensive medications and other drugs used to treat health problems among blacks and other minority groups,

"(5) to further research into the role of traditional folk medical practices among minority populations and its effect on health outcomes, and

"(6) to provide consultation and assistance to other pharmacy schools to develop and implement more effective educational and service programs for minorities.

With grants under this subsection the Center established under paragraph (1) shall improve the recruitment of minority students, augment its faculty, develop effective techniques for training minorities in pharmacy, and establish scholarship programs to attract and retain promising individuals to participate in the programs of the Center.

"(c) The Secretary may make grants to the Tuskegee University School of Veterinary Medicine, Tuskegee—

"(1) to establish a Center of Excellence in Minority Veterinary Medicine Education to research diseases,

transmitted between animals and people including prevention, control, and eradication of these diseases,

"(2) to provide consultation and assistance to other veterinary schools to implement more effective educational and service programs for minorities in order to address serious under-representation of minorities in the field of veterinary medicine,

"(3) to promote general human health and disease resistance by assuring appropriate supplies of protein foods of animals origin and biologically synthesized products for human health use.

"(4) to evaluate the emotional and functional well-being of people through activities associated with the care of companion animals, recognition of the motives for pet ownership, and appreciation of the variety of emotional attachments which exist between companion animals and their owners, and

"(5) to investigate the value of pet facilitated medical therapy, and the physiological and emotional effect that animals and pets have on the medical communities ability to deal with complex challenges that exist in patient diagnosis and treatment.

With grants under this subsection the Center established under paragraph (1) shall improve the recruitment of minority students, augment its faculty, develop effective techniques for

training minorities in veterinary medicine, and establish scholarship programs to attract and retain promising individuals to participate in the programs of the Center.

"(d) The Secretary may make grants to the Meharry College of Dentistry, Nashville, Tennessee—

"(1) to establish a Center of Excellence in Minority Dentistry to provide a forum to assure that the appropriate difference between the medical delivery system and the dental delivery system are clarified,

"(2) to extend a program which would increase effectiveness of dental care delivery among minority populations, facilitate access to dental care services by minority populations, improve the efficiency of services and expand payment systems, and modify services to be culturally acceptable,

"(3) to demonstrate and refine methods of attracting and retaining high calibre minority faculty who are aware of the specific dental needs of minorities and who will conduct research addressed to minority dental health problems, and educate minority dentists,

"(4) to demonstrate and refine methods of attracting and retaining, and graduating high calibre minority students who will serve minority populations with serious dental needs, particularly residents of inner-city and rural areas,

"(5) to maintain a communications network to disseminate information about dental health promotion, disease prevention, and the use of dental services which specifically addresses conditions and needs among minorities,

"(6) to demonstrate patient education methods which address racial, ethnic, and cultural barriers to proper dental care,

"(7) to develop and disseminate alternative models of delivering and financing the dental services needed by impoverished persons, among whom, minorities are over-represented, and

"(8) to provide consultation and assistance to other medical schools to assist them in developing and influencing more effective educational and service programs to serve minority populations.

With grants under this subsection the Center established under paragraph (1) shall improve the recruitment of minority students, augment its faculty, develop effective techniques for training minorities in dentistry, and establish scholarship programs to attract and retain promising individuals to participate in the programs of the Center.

"(e) For the purpose of grants under subsections (a) through (d) there is authorized to be appropriated for each of

the fiscal years 1988, 1989, 1990, and 1991 such funds as necessary to carry out the provisions of this Act.".

85-426 - 88 - 2

Congress of the United States
House of Representatives
Washington, DC 20515

Statement for

CONGRESSMAN MICKEY LELAND

July 20, 1987

Committee on Energy and Commerce
in the
Subcommittee of Health and Environment

Mr. Chairman, I would like to begin by thanking my colleagues for considering H.R. 954, the Excellence in Minority Health Education and Care Act. This legislation not only helps the minority health care students complete extensive training but also assists the community being served by health care professionals.

Although Blacks make up twelve percent of our country's population, Blacks comprise less than three percent of the nation's physicians, less than three percent of the dentists, less than three percent of the nation's pharmacists and less than two percent of the nation's veterinarians. It has been shown that minority patients are much less hesitant about coming to a hospital for help when the proportion of minorities on the staff is similar to that of the community being served. The importance of increasing the number of minority health care professionals is clear. A Black infant has twice the chance of dying within the

first five years of his life than does a white infant. Also, a disproportionate number of minorities contract serious diseases such as diabetes, cancer, and hypertension. The importance of this legislation is demonstrated by the fact that a large proportion of Black health professionals return to practice in under-served Black communities.

Mr. Chairman, HR 954 would provide much needed aid without huge increases in spending. The three main centers of minority medical training targetted by HR 954 provide training for over ninety percent of the country's Black veterinarians, half of the country's Black physicians, and a fourth of the nation's Black pharmacists. Through HR 954, we will continue to help these schools that we have funded in the past through the Advanced Financial Distress Grant Program. We can now, however, continue to help them in a more positive way. Three minority health professions schools: the Meharry Medical and Dental Colleges, the Xavier University School of Pharmacy, and the Tuskegee University School of Veterinary Medicine were recently in need of financial assistance. Through the Dept. of Health and Human Services, they have received the neccessary assistance to releive their distress. The grants they have been receiving are soon going to expire. Unless we act soon, they will soon experience additional financial problems.

By making these three schools Centers of Excellence in Minority Health Education under HR 954, we will help both minority health care professionals and the community receiving their services.

If we fail to re-allocate funding for these schools, we will miss an important opportunity to significantly improve our country's health care.

Mr. Chairman, I urge this subcommittee to adopt HR 954. Again, I thank my colleagues for their help in approving this greatly needed and worthwhile legislation.

Mr. WAXMAN. We are pleased to welcome members of the House of Representatives who have been the leaders in legislation, who have been fighting so hard to move it and to get it passed, to do all the important things necessary as designed in the legislation. I want to call forward the Honorable Bill Boner, Member of the House of Representatives from the State of Tennessee, and Congresswoman Lindy Boggs, Member of the House of Representatives from the State of Louisiana, who are co-sponsors of the legislation.

We are pleased to have both of you here, and I want to welcome you. We look forward to your testimony. We will make your prepared statements part of the record in full. I would like to ask you to proceed as you see fit in explaining this legislation to us. Mr. Boner.

STATEMENT OF HON. WILLIAM HILL BONER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TENNESSEE

Mr. BONER. Mr. Chairman, first of all, I want to thank you, because I know that your schedule is extremely busy, and you have made a special effort to allow us to have this hearing. I know Representative Boggs, myself and others who are cosponsors of this legislation, deeply appreciate that, and we are extremely optimistic that we can get a unanimous agreement on this legislation. Hopefully it will go on a fast track and not only catch up with the Senate, but as usual, the House would be the leader above the Senate in something like this.

I would request unanimous consent to have my remarks placed in the record and revised and extended. I will make my remarks as brief as possible.

Mr. Chairman, once again, thank you for holding this hearing on H.R. 954, the "Excellence in Minority Health Education and Care Act."

Several weeks ago I read an article in Newsweek Magazine entitled, "A Black Health Crisis." The article stated that these days a baby born in Cuba faces better odds of reaching the age of 1 than a black newborn in Washington, DC. It also stated that the life expectancy of American blacks is not only shorter than that of whites, but shorter than the average life span in dozens of developed countries. Also, if you are black and live in the United States, you are more likely to die of a major disease than the whites around you. Those statements are astonishing to me as this is 1987 and not 1887.

To add to this discouraging news, a recent report by the Robert Wood Johnson Foundation stated that the percentage of blacks admitted to medical school peaked at 7.5 percent in 1975, dropping to 6.8 percent in 1984-85. The report also indicated that during the past 12 years, the acceptance rates for minorities, especially blacks, declined while the acceptance rates for white students rose from 35 to 55 percent.

There are no clear cut reasons why this situation has come about, but one suggestion is that minority students lack role models, appropriate guidance counselors and proper educational financing. These factors, if remedied, could expand the pool of qualified candidates.

The Johnson Foundation report further stated that "the government has moved away from the era of expanding social programs for minority groups and is no longer fostering an expansion in the training of health professionals."

By the year 2000 it is predicted that minorities will make up 35 percent of the U.S. population. If the current trend of minority health problems continues, and if the current enrollment numbers of minority health professionals does significantly increase, it does not take an expert in health care matters to see that we are going to have a mismatch of health care resources in this country. Unless we increase the number of minority health providers, blacks and other minorities will continue to be underserved.

Mrs. Boggs will discuss the merits of Xavier University and Mr. Nichols can tell you about the mission of Tuskegee University, but I can tell you that I am very pleased to speak about Meharry Medical and Dental Schools. We in Nashville are proud of these institutions.

Meharry Medical College was founded in 1876 by the Freedmens' Bureau of the Methodist Episcopal Church. Since the beginning, Meharry Medical College has operated with a very clear mission. Meharry has worked to provide health professional education to disadvantaged students. And, Meharry has provided access to health care for underserved populations and communities. This continuing role to serve the disadvantaged and the underserved represents Meharry's historic mission.

According to a 1980 report by the Robert Wood Johnson Foundation, Meharry Medical College had educated more than 40 percent of the Nation's black physicians, and the Dental School had graduated 50 percent of the Nation's black dentists. The same report pointed out that 75 percent of Meharry's graduates practiced in underserved rural and inner-city communities. This contrasts starkly with the fact that an average of 15 percent of graduates of all medical and dental schools in this country serve these communities. Other studies, including a recent one done by the Rand Corporation, further document the trend of Meharry Medical College graduates to serve the poor and underserved.

In addition, to the work of Meharry alumni, Meharry Medical College as an institution has contributed significantly to the care of the poor and the underserved. The George W. Hubbard Hospital, founded in 1910, has served as a hospital whose majority of patients have been poor.

Today, approximately 70 percent of the patients of Hubbard Hospital are either Medicaid, Medicaid/Medicare or are indigent patients with no way to provide for their care. Additionally, Meharry, as an institution, provided care in areas like Mound Bayou, MS; Tuskegee, AL, and other places in the South long before there was an Office of Economic Opportunity funded project. The Matthew Walker Health Center, a community health center in north Nashville, was founded by Meharry Medical College in 1966 as one of the first such community centers.

As Meharry Medical College has served the community, it has struggled financially throughout its entire existence. However, Meharry's financial struggle has made it more dedicated in its mission to provide access to health care for the poor and access to health

professional careers for disadvantaged students. But, as you know, this has proved costly. While the Nation has been willing to fund basic and clinical research at very high levels for institutions through the country, there has been no comparable commitment to fund the components of Meharry's mission.

Our legislation, H.R. 954, the "Excellence in Minority Health Education and Care Act." is designed to address the problems I have just described. The bill would designate four historically black medical schools: Meharry Medical and Dental Schools, Tuskegee University School of Veterinary Medicine, and Xavier University College of Pharmacy, as Centers of Excellence in Minority Education. It would also authorize $10 million per year for 1988, and such amounts as needed for 1989, 1990, and 1991 to expand and carry out their mission to close the health gap between whites and minorities by encouraging the increase in the number of minority health providers.

Mr. Chairman, I appreciate very much your interest in this legislation and the time you have taken in your busy schedule to hold this hearing. The small amount of funding that will assist these schools in continuing their fine historic missions will be greatly utilized in addressing the minority health situation which is a disgrace to the most technologically advanced country in the world.

Mr. WAXMAN. Thank you very much, Mr. Boner.

Mrs. Boggs.

STATEMENT OF HON. LINDY BOGGS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF LOUISIANA

Mrs. BOGGS. Thank you very much, Mr. Chairman. And thank you very much for holding these hearings. It is typical of your dedication to your assignment within the Congress as the chairman of the committee that you would come back from California on a Monday to hold the hearings, and we are extraordinarily grateful to you because H.R. 954, the "Excellence in Minority Health Education and Care Act" means a great deal to all of us who are interested in the education of fine and splendid minority students, who attend these universities and the universities themselves serve a unique and essential national purpose in their training.

We have had sufficient documentation that blacks and other minorities are underrepresented in the health professions. However, for blacks in particular this problem is really increasing. The 1985 report of the Secretary's Task Force on Black and Minority Health provides staggering data relating to the deaths that occur among blacks resulting from infant mortality, cardio vascular disease, diabetes and liver disease.

As a member, Mr. Chairman, and members of the committee, of the Select Committee on Children, Youth and Families, I have heard testimony relating to these health problems among minorities that this bill is designed to address, and so I am doubly grateful to you for that.

While the situation seems bleak, I, along with most Members of Congress, am committed to rectifying these conditions. In addition, we do find some movement in the Reagan administration that has indicated its intent to support efforts to alleviate the problem by

strengthening the capabilities of black institutions of higher education.

The Excellence in Minority Health bill is designed to address the problems faced by black communities by attracting the best faculty and students and training them to treat the specific needs of minorities. This legislation will provide Federal funding and investment in four schools of excellence which have lengthy and virtuous records of providing quality education for students.

Xavier University which is located in New Orleans, and I have the honor of representing in the Congress, was founded in 1915, and it is one of the four institutions. This Catholic University's mission is to provide educational facilities to a predominantly black student body for the ultimate purpose of helping to create a more just and humane society.

Its School of Pharmacy was established in 1927 and has continued its excellent commitment to train minority health professions. As of 1986, the college has had the distinction of training 25 percent of the 3,900 black pharmacists in the United States. In 1985, 30 percent of all black pharmacy graduates were trained at Xavier's College of Pharmacy.

In addition, many pharmacists who were educated at Xavier now serve as faculty members and deans of many colleges of pharmacy throughout the United States. Tuskegee University's School of Veterinary Medicine is another school that would be designated "Center of Excellence," and you will hear, of course, from Mr. Nichols about that. The veterinary school is the only school (of 27 in the United States) located at a majority black educational facility. In 1986-87, this institution trained 67 percent of blacks who obtained degrees in veterinary medicine.

The third and fourth schools are the Meharry Medical College, Meharry School of Dentistry, which you have heard according to the 1980 report Robert Wood Johnson Foundation Report, 75 percent of Meharry's graduates practice in inner-city and rural areas as primary care practitioners.

We know that in spite of the proven record of these schools and their graduates' commitment to minority health problems, the number of minority health care professionals is declining.

The "New England Journal of Medicine" reported in 1985 that while blacks constitute less than 3 percent of physicians in this country, since 1975-76, the enrollment of black students in medical schools has been declining from 6.3 percent in 1975 to 5.7 percent in 1985. There is no question that we should be seeing more blacks graduating from medical schools. Unfortunately, the statistics indicate a decline in students.

Another important point regarding these schools is that public universities, including many historically black institutions, receive funding from their respective States, but cannot depend solely upon such support.

Also, because many of these college graduates practice in economically depressed or rural areas, they do not have the alumni resources other schools enjoy. And, because of their size they do not attract the research dollars of larger institutions.

It is for these reasons, that even with excellent management, Federal funding is necessary to keep these schools strong.

Mr. Chairman, I would like to add to my testimony an excellent article in this morning's Washington Post by William Rasberry. The title is "Missing Black Men on Campus." But one of the telling parts of the article states that in 1985, which was the last year that the statistics were available, U.S. universities awarded some 4,500 doctorates in the physical sciences. Forty-nine of these went to blacks.

I think that that is the most telling testimony we could possibly have, that we need, indeed, to consider these four colleges and universities as national resources of excellence, and that we must indeed pass the bill and fund these colleges and universities for the good of the whole country, as well as for our minority population. Thank you, Mr. Chairman.

Mr. WAXMAN. Thank you very much, Mrs. Boggs. I want to commend both of you on excellent statements. We also have the statement of Congressman William Nichols. Without objection, we will make that part of the record.

[The prepared statement of Mr. Nichols follows:]

STATEMENT OF HON. WILLIAM NICHOLS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ALABAMA

Mr. Chairman and Members of the Subcommittee: I am pleased to appear before you in support of H.R. 954, the Excellence in Minority Health Care and Education Act.

Tuskegee University School of Veterinary Medicine is to be held up as a shining example of excellence in the training of blacks in veterinary medicine. As you are most likely aware, Tuskegee has trained a significant number of the black veterinarians in this country. In Alabama, Tuskegee University is a highly revered institution that provides training opportunities in graduate and postgraduate fields for thousands of minorities each year. The significance of the contribution that the School of Veterinary Medicine makes, however, reaches far beyond the State borders. In veterinary medicine, according to data from the Association of American Veterinary Medical Colleges, Tuskegee trains three-fourths of all the black veterinarians in this country. So, Tuskegee is a national resource that supplies black veterinarians to all regions of this Nation. I have been very proud to witness the outstanding accomplishments of Tuskegee university over the years, and am equally proud to call the veterinary school's dean, Dr. Walter Bowie, my personal friend for whom I have the deepest professional respect. Dean Bowie has been at Tuskegee for 40 years and is held in very high esteem in the health professions community and throughout academic circles in Alabama. Through Dean Bowie's leadership, the tradition of excellence at Tuskegee continues to perpetuate.

The significant contributions of Tuskegee University School of Veterinary Medicine, as well as those of Meharry and Xavier should be recognized and supported with a commitment of Federal resources. By designating these institutions as Centers of Excellence in Minority Health Care and Education, Congress will justifiably reward these schools for carrying out a mission that is closely related to the national goal of closing the health status gap that exists among blacks when compared to whites. Further, these institutions will receive a level of support more consistent with the national contribution they each make to further the academic and scientific goals of blacks and other minorities for the good of all of our country.

Mr. Chairman, I urge your distinguished subcommittee to take swift action to enact this important legislation. The authorization and funding for this program must be in place for the coming fiscal year in order for these schools to continue their excellent and meaningful missions of training disadvantaged students to serve in underserved areas.

Mr. WAXMAN. We have a statement from Senator Bennett Johnston, who has introduced this same bill in the Senate. We will put that in the record without objection.

[The statement of Senator Johnston follows:]

STATEMENT OF SENATOR J. BENNETT JOHNSTON, A U.S. SENATOR FROM THE STATE OF LOUISIANA

Mr. Chairman and Members of the Subcommittee: I am pleased to express my strong support for the Excellence in Minority Health Education and Care Act, a measure authorizing financial grants to programs which train minority students in medical professions.

On March 18, I introduced this measure in the Senate where my colleagues recognized its importance and took quick action on it. Under the Excellence in Minority Health Education and Care Act, the Meharry Medical and Dental Colleges in Nashville, the Xavier University School of Pharmacy in New Orleans, and the Tuskegee University School of Veterinary Medicine in Tuskegee will be able to continue their efforts toward recruiting, teaching, training and producing a scarce national resource—the black health professional. A lapse in support would mean a major setback for each of the schools.

At a time when the Secretary of Health and Human Services has noted critical health status disparities that exist among blacks when compared to whites, the Congress must act responsibly and quickly to ensure that qualified health professionals are prepared to meet the health problems which disproportionately affect blacks and other minorities.

The Senate Committee on Labor and Human Resources ordered S. 769 to be reported on June 3. As you are aware, current funding for these programs will be expended this year, fiscal year 1987. I, therefore, would like to urge my colleagues on the subcommittee to complete action on this measure so that these schools may focus on academic excellence and not financial restraints.

Thank you.

Mr. WAXMAN. You have made your case and you made a good one. Clearly if we allow the impact of these cutbacks on health professional schools, and the whole trend of discouraging minority students from getting the opportunities for an education, we are going to do a disservice to those young people who could take those jobs, and stand with other health professionals. But we are also going to do a disservice to the people who so badly need the health care that they could provide.

I want to tell you how much we appreciate your making this presentation to us, and urging this legislation upon us. I want to recognize a member, not of our subcommittee, but of the full Energy and Commerce Committee, who has been very interested in this legislation, Congressman Cooper.

I welcome him to our subcommittee and turn over to him the opportunity for statements or questions he may want to ask.

Mr. COOPER. Thank you, Mr. Chairman. I appreciate your indulgence in allowing me to sit in on this important hearing. I also appreciate the important testimony of my colleagues. Congresswoman Boggs has done an outstanding job in her district in the New Orleans area, in always trying to insure quality health care for all people in her community, but most important of all, for the minority community, because they have traditionally been the underserved.

I am well aware, too, of my colleague, Congressman Boner's, tremendous contribution in the Nashville area. While my congressional district does not touch his, the airport that I fly into all the time is the Nashville Village Airport, so I have continual contact with the Nashville Village community, and we in Tennessee are proud of the historical role that Meharry Medical College has played in black education nationally and in health care nationally for so many many years.

We are lucky to have an institution of that stature in our area and I know of Congressman Boner's tremendous commitment to

keeping that institution a first rate institution, and to allowing all minority institutions across this country to continue to perform that incredibly important role of supplying an adequate supply of minority doctors.

It is with great pleasure that I am able to hear some of this testimony. I look forward to the testimony of Dr. Satcher and others later on, because this is an important need. I congratulate you, Mr. Chairman, on holding hearings on this important bill. I am pleased to be a small part of the proceedings. Thank you.

Mr. WAXMAN. Thank you, Mr. Cooper. Thank you very much for being with us. We look forward to working with you on this legislation. We are going to try to move this as quickly as possible, and we are even going to look to see if we can get this to the House floor and passed before this recess that we will be taking because I think it is important.

If we want to have legislation like this, and I think it is needed, we should try to make it clear to everybody that even before the school year starts that the House and the Senate are moving.

Mr. BONER. Thank you very much, Mr. Chairman. We certainly appreciate it.

Mrs. BOGGS. Thank you, Mr. Chairman.

Mr. WAXMAN. Our next panel includes three of the Nation's most distinguished health professionals.

Dr. David Satcher is head of the Meharry Medical College , Nashville, TN, Dr. Walter Bowie is Dean of Tuskegee School of Veterinary Medicine, and Dr. Marcellus Grace is Dean of Xavier University, College of Pharmacy, in New Orleans.

I would like to welcome the three of you and tell you how pleased we are to have you with us.

The statements you prepared for this hearing will be in the record in full.

I would like to call on you to make a presentation, either to summarize that statement or to point out the highlights to us in this hearing so we will have the opportunity for questions and answers.

We would like to keep it as close to 5 minutes as possible.

STATEMENTS OF DAVID SATCHER, PRESIDENT, MEHARRY MEDICAL COLLEGE; WALTER C. BOWIE, DEAN, SCHOOL OF VETERINARY MEDICINE, TUSKEGEE UNIVERSITY; AND MARCELLUS GRACE, DEAN, COLLEGE OF PHARMACY, XAVIER UNIVERSITY OF LOUISIANA

Mr. SATCHER. Thank you, Mr. Chairman.

We, too, would like to express our appreciation to you for holding this very important hearing on this legislation that is so critical to our institution and, we think, the Nation.

I would also like to express my appreciation to Congressman Cooper from Tennessee for being here today, and also to point out that we appreciate the critical role he is playing in dealing with the problem of illiteracy among adults in our State and in other places throughout the country. So we are very pleased to have this opportunity.

I would like, in an effort to be brief in presenting this testimony, along with my colleagues from Tuskegee and Xavier, to respond to

four very important questions that have been asked or could be asked about this legislation.

The first such question is why do we need Centers of Excellence in minority health professional education and care. I would respond by saying there are two pressing reasons why this is needed. One is the persistent gap in the health status between blacks/other minorities and whites in this country, and that was pointed out very well in Secretary Heckler's report to Congress in October 1985, and you have heard a lot of quotes from that statement.

But let me just point out, the bottom line of that report was that each year in this country 60,000 more deaths occur among blacks than would occur if blacks had the same age-adjusted death rates as whites—60,000 excess deaths each year. I think that was the bottom line of Secretary Heckler's report on the gap in the health status between blacks and whites.

You have also heard that as recently as this year the Robert Wood Johnson Foundation has documented continuing problems of access to health care for blacks and other minorities, in their most recent report on access.

The second pressing reason that this legislation is needed is the continuing underrepresentation of blacks and other minorities in the health professions, and I won't repeat the statistics, but in all of the health professions blacks still represent less than 3 percent and, to add to that, as Congresswoman Boggs pointed out in the Robert Wood Johnson study of 1985, the enrollment is declining, and we are very concerned about the fact that the enrollment is continuing to decline for financial, academic and other reasons.

So we feel that those are two pressing reasons that this legislation is so critical.

There is another point that needs to be made that has not been made, and it comes from a study by Stephen Keith and others that was reported in the New England Journal of Medicine in December of 1985.

In this study done with the Rand Corporation, Dr. Keith and others documented that if you take a cohort of those physicians who graduated in the class of 1975 across the country, the minority graduates were twice as likely to be practicing in underserved communities and providing health care to the poor, willing to serve Medicaid patients, and other parameters that are so important.

The next question, I feel, is why should these four institutions be designated as Centers of Excellence for Minority Health Professional Education.

These are private, historically black health professionals schools. Combined, they have been involved for more than 300 years in educating black health care professionals. Together they have graduated more than 40 percent of the black physicians and dentists in this country, more than 25 percent of the black pharmacists and almost 90 percent of the black veterinarians—these four institutions—and even today, as you have heard, a large percentage of the black students who graduate from health professionals schools graduate from these institutions.

Perhaps even more important, however, is the mission of these institutions, and it can be stated in two ways: One, it is the mission of these institutions to provide access to health professionals ca-

reers for minorities and other disadvantaged students; two, it is the mission of these institutions to provide access to health care for underserved populations throughout this country.

And, again, you have heard that the Robert Wood Johnson Foundation study in 1980 documented, in fact, that if you look at the graduates of Meharry 10 years preceding that study, 3 out of 4 of them, 75 percent, were practicing in underserved rural and inner city communities.

The third question that could be asked about this legislation is what is the relationship between the mission of these institutions and their historic financial struggles, and I would respond to that by saying that both the provision of health care to the poor and the education of disadvantaged students in this country are financially challenging.

Today in this country most academic health centers receive 30 to 50 percent of their revenue from the practice of their faculty in terms of taking care of patients, and they are able to receive that percentage of their revenue because the average percentage of poor patients that they take care of is so low. But at Meharry and similar institutions, where 70 to 80 percent of the patients are poor, it is very difficult to earn money from patient care, and I think it is a very important point, especially if we say we want students to have experience in taking care of the poor so that when they leave these institutions they will not only be comfortable but motivated to take care of the poor, and there must be institutions that are involved in caring for the poor at a very high level.

Also most academic health centers in this country receive 15 or 20 percent of their budgets from research and indirect costs from research grants, and yet these institutions have not been able to make research a major industry because teaching and learning is such an important part of what they do, dealing with students many times with academic deficiencies, and so the financial struggles of these institutions tend to be directly related to the fact that they have been involved in health care for the poor and serving as models for health care for the poor and education of disadvantaged students.

I would point out that last year, for example, in this country more than 10 institutions received an average of more than $150 million of support for their missions, and basically these missions were research and basically clinical sciences.

We have no criticisms about that; we just feel that the missions of these institutions also deserve support. While we are not asking for anything like that amount of money, we feel that what we are asking for is greatly justified.

The fourth question is how does this legislation or this request relate to the historical financial distress grant received by these institutions and other institutions.

It is true that these four institutions were involved in advance financial distress and therefore they have a lot in common in terms of their roles and their struggles. However, it is also very clear that the managerial and academic problems which led to the financial distress have been dealt with by these institutions doing financial distress funding, and that has been documented.

It has been documented by site visits from the Department of Health and Human Services; documented by the audit statements from these institutions over the last 5 years; and by the fact, for example, that every student at Meharry Medical College today is required to pass national boards, part one, before going from the second to the third year, and national boards, part two, before finishing medicine or dentistry; documented by the fact that while in 1985 both the medical school and the dental school at Meharry were having difficulties in terms of accreditation, today both of those institutions are fully accredited and all of the residency programs are accredited, so financial distress funding served a major purpose in dealing with those basic problems.

This is not a request for financial distress funds; it is a request to make these institutions national Centers of Excellence, based on their long histories of contributions and their potential to do an even greater job if they receive the support.

In conclusion, if we are able to receive Centers of Excellence funding for minority health professional education and health care, we will do the following things, some much better than we have been able to do before.

One, we will be able to upgrade our faculty in terms of strength and depth, and there is a great need for that. Meharry has always struggled with an inadequate faculty, and that has been documented. Our faculty also has a history of having salaries lower than the regional median, and that has been documented by accreditation visits. Many people sacrifice a great deal to serve our institutions, but they are committed to the mission.

The second thing we will be able to do is to develop and model academic support programs geared toward solving problems of attrition among minorities, problems that have been documented throughout the country in other schools, and many other institutions have said to us we would like to work with you in figuring out how to better deal with minority students in terms of getting them through the curriculum. We would like to know what you are doing and how you have been successful, and our position is that with Centers of Excellence funding we can become even better models.

We would like to upgrade our libraries and other facilities to deal with the information explosion taking place in the health professions. We would like to target research, to deal with problems that are causing the gap in health status between blacks/other minorities and whites in this country. Whether you talk about teenage pregnancies and its relationship to infant mortality, the growing rate of cancer in blacks, hypertension, AIDS, these institutions are in a position to provide major leadership with the appropriate support.

Finally, we would like to strengthen the applicant pool for health professions, and not just for our schools. We feel that we are in a unique position to use the resources we have and the role models we have among our faculty and others to impact upon young kids in elementary, junior high and high school, and in terms of encouraging them toward careers in medicine, dentistry, pharmacy and veterinary medicine.

So we are asking for an opportunity to better serve this country, which we have served for more than 300 years, in graduating minority health professionals who have served in underserved communities.

We thank you, Mr. Chairman.

[The prepared statement of Mr. Satcher follows:]

STATEMENT OF DAVID SATCHER

Mr. Chairman and Members of the Subcommittee, I am here today to represent four institutions of higher education that have served this great country with a combined total of nearly 300 years and to request support to fund these Historically Black Colleges and Universities. This support would establish Meharry Medical College Schools of Medicine and Dentistry in Nashville, Xavier University College of Pharmacy in New Orleans and Tuskegee University School of Veterinary Medicine in Tuskegee as Centers of Excellence in Minority Education and Care.

The proposal is in response to two findings of need.

First, there are glaring disparities in the health status of Blacks and other minorities as defined in the Report of the Secretary's Task Force on Black & Minority Health, Volume 1: Executive Summary, August 1985, U.S. Department of Health and Human Services.

This comprehensive Report outlines the critical differences in health status between blacks, other minorities, and whites. Problems documented include excessive infant mortality, cancer, cardiovascular diseases, diabetes, cirrhosis of the liver, and homicide. The sobering statistic is that each year 60,000 more blacks die in this country than would die if blacks had the same age-adjusted death rates as whites.

Second, there is continuing underrepresentation of Blacks and other minorities in the health professions and the fact that for Blacks this problem is getting worse. For example, Blacks represent 12 percent of the U.S. population, only 2.6 percent of the Nation's physicians, 2.9 percent of the dentists, 2.3 percent of the pharmacists, and 1.6 percent of the Nation's veterinarians are Black. That this disparity occurs together with a health-status gap is no coincidence.

The proposal also responds to two very positive observations.

1. Minority health professionals are far more likely to practice in underserved communities than are their majority counterparts.

In the December 12, 1985 New England Journal of Medicine, Dr. Stephen Keith and others, reported that minority graduates were twice as likely as majority graduates to be practicing in underserved communities. Naturally, because there are so comparatively few black health professionals to serve these areas, the health status disparity results. Minority health care professionals, then, are the key to meeting the critical health care needs of rural and inner-city Americans.

2. The institutions included in this proposal have a long and unequalled record of producing health professionals, many of whom practice in underserved communities. Their impact can be seen in the following statistics:

Meharry, Xavier, and Tuskegee have educated 50 percent of the Nation's black physicians, 40 percent of the Nation's black dentists, 20 percent of the Nation's black pharmacists and 90 percent of the Nation's black veterinarians.

These institutions have struggled financially throughout their history and this struggle is inherent in their mission— a mission that has received inadequate public and private support. This mission has two interrelated components: To provide access to care for the poor and underserved and access to health professional education for Blacks and other minorities.

During their nearly 300 years of service these institutions have been training minorities to serve where they are most needed. We have the expertise for recruiting, retaining, teaching, training, and producing minority health professionals. At Meharry we have an enrollment of 81.3 percent blacks, 7.5 percent Asian American, American Indian or Hispanics, 7.4 percent whites and 3.8 percent foreign nationals. Nearly 40 percent of our students are female.

Many of Meharry's graduates, in fact 75 percent, as The Robert Wood Johnson Foundation reported in 1980, choose to practice in inner-city and rural areas as primary-care practitioners. However, while many Meharry alumni and those of Tuskegee and Xavier are serving in areas of great need the future minority health care professionals are becoming a scarcity. The New England Journal of Medicine, October 1985, reported that while Blacks constitute less than 3 percent of physicians in this country, since 1975–76 the enrollment of Black students in medical schools has been declining from 6.3 percent in 1975–76 to 5.7 percent in 1985–86. As the Black

population of the United States grows, however, we should be seeing more Blacks graduating from medical schools. Instead, the statistics indicate the numbers are getting smaller each year.

With the mission of service to the underserved and the extra resources often needed to train students from disadvantaged backgrounds, research has not been a major source of revenue for these schools. This is significant considering that the Federal funding for 10 major institutions actively participating in research last year averaged more than $150 million each. Also, while most American Health Centers receive 20-50 percent of their resources from patient care, these institutions, by caring for the poor, have often had to supplement their patient care activities—yet, it is these activities which prepare and motivate the graduate to go to underserved areas. Thus, the struggle continues.

The financial struggle inherent in this mission was greatly alleviated by the Federal Distress Funds. This support strengthened the academic and management development of these institutions and without such funds they would have had difficulty surviving the last 15 years. The institutions have all made great progress in the last 5 years and have been resourceful in increasing private funding. However, changes in Federal funding of higher education have brought about a negative impact on these institutions. The loss of funding has significantly reduced revenues to these institutions—revenues which are necessary to accomplish their important mission. Thus, funding for the Centers of Excellence proposal is crucial to these institutions and to the Nation.

With Centers of Excellence funding these institutions can:

1. Strengthen their faculties and improve faculty salary to enhance retention.

2. Improve academic support systems to reduce attrition of disadvantaged students who require more support.

3. Upgrade the libraries to include the information management resources needed in today's information explosion in the health professions.

4. Allow more primary care exposure for students and residents as well as experience in the care of the poor without financial drain.

5. Strengthen the applicant pool by developing stronger outreach programs for Black and other minority students.

The picture is clear that the problems of the health care for underserved populations and the minority presence in the health professions must be a national priority. Strong institutions—National Centers of Excellence—must be provided to educate professionals who can then begin to meet the crises of failing minority health and needy, underserved communities. The four institutions being considered for these centers have a history of achieving this goal. They have proven their ability to educate highly motivated students who themselves often come from disadvantaged families; however, they must be strengthened financially in order to be able to continue their mission.

My colleagues at Tuskegee and Xavier and I wish to express our appreciation for this time allowed to share with you our concerns and visions. With your support of the Centers of Excellence for these institutions our historic missions can actively work toward the alleviation of the critical disparities in the health status of minorities.

Mr. WAXMAN. Thank you very much, Dr. Satcher.

Dr. Bowie.

STATEMENT OF WALTER C. BOWIE

Mr. BOWIE. Thank you very much, Mr. Chairman, and members of the committee.

I am Walter C. Bowie, Dean of the School of Veterinary Medicine, Tuskegee University, and I am pleased to make this brief statement concerning H.R. 954, the Centers of Excellence for Minority Health Education pending legislation.

President Reagan, a few weeks ago, in delivering the commencement address to the Class of 1987 at Tuskegee University, stressed the fact that "the full support of our administration has been thrown behind the effort to strengthen greatly the capabilities of black institutions of higher learning."

He further stated that "if black Americans are to progress socially and economically, if they are to be independent and upwardly mobile, it is imperative that they be part of the great technological and scientific changes now sweeping our country and the world."

President Reagan's timely statement about the administration's recognition of the importance of black colleges strikes at the heart of the overarching problem which we face in this Nation today, that is, access for minorities to educational opportunities which will prepare them for the high demand technical and professional fields, including careers in the health professions.

Of all the health professions, veterinary medicine has the smallest representation of minorities, approximately 2 percent. Of the 27 schools of veterinary medicine, only 1 such educational program is located on a predominantly black college campus, Tuskegee University. This single institution has trained approximately 85 percent of all black veterinarians in the United States.

What is an even more distressing statistic is the fact that, in the academic year 1986–87, there were only 202 black students out of 8,000 veterinary medical students in the 27 schools of veterinary medicine; 67 percent of those students were enrolled at Tuskegee University.

Our singular role in the training of blacks and other minorities in the field of veterinary medicine leaves no question as to this school being a national resource for the training of minority students in this health profession.

Our graduates have gone on to distinguish themselves in all facets of the profession.

In the past few years, startling changes have occurred in the veterinary medical profession. While the original and most obvious service, the delivery of direct health care to animals and the relationship of that service to food supplies and the Nation's economy, remains a basic and vital function, it is but one part of a larger responsibility.

Thousands of veterinarians work for governmental agencies at all levels, helping to implement regulations designed to assure that only safe, wholesome animal products are marketed for human consumption.

Others are involved in public health matters, such as the direct hazards to public health from transmissible animal diseases and the dangers arising from toxins and environmental pollutants. Some 150 zoonotic diseases transmitted from animal to man have been recognized and described. Our well-being depends on our association with animals that share our environment.

Veterinary medicine is a biomedical science of such breadth that its members are now among the best equipped to deal effectively with the manifold interrelationships among humans, animals and the environment.

Schools of veterinary medicine must prepare their graduates to deal with complex health problems of not one, but many species.

Between animal and human medicine, there is no dividing line, nor should there be. There is but one medicine. Dr. James O. Mason of the Centers for Disease Control has eloquently spoken of the complexities involved in the chain of transmission of disease from animals to humans through contamination of food.

While we continue to look for the cure to specific diseases, the American public must be spared through appropriate surveillance systems the many public health problems, such as the salmonella infections of poultry which was recently in the news.

There is no question that a major shared concern of the veterinary profession and the public health community is the provision of an adequate, safe and nutritious food supply. This is a complicated assignment which will take the continued energies and expertise of veterinary and human medicine and will enable the people of this Nation and world to enter the 21st century better fed and in better health than was imagined by even the most optimistic of our forebearers.

We have listed in H.R. 954 other significant and important roles and responsibilities in which the Tuskegee University School of Veterinary Medicine will continue to provide a leadership role in the prevention of pet-associated illnesses, since there are an estimated 55 million dogs and nearly as many cats kept as pets in the United States.

Although over 30 human illnesses can be acquired from pets, owners are often poorly informed about measures that prevent acquisition of these conditions. Much research needs to be done regarding the psychological and physical benefits of pets, as well as informing the public of its responsibility for pet health care.

Much of the basic research on infectious diseases—cancer, genetic aberrations, cardiovascular research and others—is conducted on animal models. The central role of the veterinarian in the resolution of these problems is apparent. Human medicine, veterinary medicine, there is but one medicine.

We see our role at Tuskegee in continuing to serve as the locus for training of veterinarians with a special focus on the training of increasing numbers of minority veterinarians. Veterinarians are an indispensable member of the Nation's public health team.

Thank you, Mr. Chairman, for the opportunity to make this statement.

Mr. WAXMAN. Thank you very much, Dr. Bowie.

Dr. Grace.

STATEMENT OF MARCELLUS GRACE

Mr. GRACE. Yes, Mr. Chairman. Thank you very much, and members of the committee, for allowing us to come today to present our case, if you will.

And I would like to let the record show special thanks to Mrs. Boggs for coming up and making such an eloquent statement in support of what we are presenting today.

I would like to take a moment to discuss some of the particular contributions Xavier has made to the pharmacy profession and to the Nation in general. As Mrs. Boggs has stated, it was way back in 1915 that Mother Katherine Drexel, a white nun from Philadelphia, came to New Orleans and established the Xavier University, along with members of Sisters the Blessed Sacrament, and I would just like to quote to you our mission statement in 1987.

Xavier's mission is, it is a Catholic University serving a predominantly black student body that Xavier has its own reason for being.

In reaffirming its black heritage and its Catholic character, the University is guided by its mission to provide each student with a liberal and professional educational experience in a pluralistic environment and for the ultimate purpose of helping to create a more just and humane society.

And it is with that beginning as to how we manage to carry out our mission since the College of Pharmacy being established in 1927.

I would just like to share with you and members of the committee some specific accomplishments, if you will, of just a few of our graduates. You have heard rather predominantly this morning the number of pharmacists that we have trained, so I need not repeat that, but we have done our fair share in training pharmacists, given those many, many years before us, but since 1927, we have trained almost 1,000 of over 2,900 pharmacists, which is about 25 percent of all black pharmacists.

We have Xavier pharmacists practicing throughout the United States who serve in many rural areas, especially the Northeast part of the country and underserved communities. In some cases, the black-owned community pharmacy is the only health facility available.

In New Orleans, for example, there are several major inner city housing projects where the community is served by a black-owned pharmacy with a black physician's office as part of the pharmacy.

And Mrs. Boggs knows in particular two housing projects where there is a population of some 8,000 or 10,000 blacks living there. Xavier graduates have played major roles in impacting other areas of pharmacy practices, including hospital pharmacy, the pharmaceutical industry, research and education.

For example, Dr. Delores Shockley, running her own Pharmacology Department now at Meharry, finished in 1951. She was the first black female to receive a Ph.D. in any field. From Purdue she received her Ph.D. in pharmacology. And she has been pretty much involved in that field since that time.

Mrs. Mary Munson Runge, who was from Oakland, CA, finished in 1948, settled down in a very small town about 60 miles southwest of New Orleans. She was the first and only black female to be elected president of the American Pharmaceutical Association, a national organization representing the Nation's 159,000 pharmacists.

And I might add, she was elected in 1978 and been among the women active in the AMA, the American Dental Association, and so forth.

Many Xavier pharmacy graduates are serving as faculty members and deans of many colleges of pharmacy in the United States. Currently, there are four black Xavier graduates serving on State Boards of Pharmacy, one of which is the first black pharmacist to ever serve on the California Board of Pharmacy. And while that may not sound like much, out of the 50 Boards of Pharmacy, there are only about 8 or 9 black pharmacists, and I might add that was our home State, Mr. Chairman.

Xavier's commitment to academic excellence is further demonstrated by the graduates' performance on the National Pharmacy Board licensure examination, called NABPLEX. For example, on

the January 1987 examination, Xavier graduates had a 96-percent pass rate and scored 6 points above the national average, and I might point out this is an examination given to all colleges and pharmacy graduates at the same time, as a matter of fact.

The College of Pharmacy has increased its numbers of research grants dramatically since 1982, the beginning year of advanced financial distress that we received. During the 1986–87 academic year, the College of Pharmacy published over 50 articles and abstracts and scientific journals, and we had several of our pharmacologists, actually 10, at the international meeting in Stockholm last year to present papers.

Since the 1982 time frame, the College of Pharmacy has increased its faculty, hired a new dean, and has put in place a very strong management team. One of the criticisms, as pointed out by my colleague, Dr. Satcher, that was shown, is there was some question as to whether or not the colleges were reaping the benefit of sound, strong leadership teams.

With this new leadership and new direction, the College has grown in its academic offerings, research and community service. As a testament, the College of Pharmacy has just renewed for a fourth year a clinical services contract with Charity Hospital of New Orleans, a 1,600-bed State-operated teaching hospital.

Xavier is also responsible for, under contract, the administration of the Pharmacy Department, which has a drug budget of in excess of $2 million.

These are just some of the points about the College of Pharmacy that I do appreciate the opportunity that you have given us to share today, and I would like to urge, and I am very impressed with your statement earlier that you would move with great haste to see we get the support to serve this community.

Thank you very much.

[The statement of Mr. Grace follows:]

STATEMENT OF MARCELLUS GRACE

The proposed establishment of a Center of Excellence in Minority Pharmacy Education at Xavier University College of Pharmacy has been undertaken to address the University health care needs of American Blacks and other minorities. Data supports the fact that minority professionals trained at the historically black health professional schools provide a high proportion of health care services for minorities in underserved areas. Xavier like, Meharry Medical College and Tuskegee University School of Veterinary Medicine deserve appropriate Federal support to reward the contributions they make by training such a large number of blacks and other minorities in the health professions.

Xavier University was founded in 1915 by Mother Katherine Drexel and the sisters of the Blessed Sacrament, a Catholic religious community, she established to serve American minorities. Xavier's mission is. . . ."It is a catholic university serving a predominantly black student body that Xavier has its reason for being. In reaffirming its black heritage and its catholic character, the university is guided by its mission to provide each student with a liberal and professional educational experience in a pluralistic environment and for the ultimate purpose of helping to create a more just and humane society."

In 1927, the College of Pharmacy was established and has continued to serve as a model of excellence in training minority and disadvantage students for the profession of Pharmacy. Some of the specific accomplishments of the College of Pharmacy include the following:

● As of 1986, of the 3,900 black pharmacists in the United States, Xavier has trained 987 or 25 percent of all black pharmacists.

● Xavier graduates practice throughout the United States and serve in many inner city and rural black and underserved communities. In some cases, the black owned community pharmacy is the only health facility available. In New Orleans, for example, there are several major inner city housing projects where the community is served by a black owned pharmacy with a black physician's office part of the pharmacy.

● Xavier graduates have played major roles in impacting other areas of pharmacy practices, including hospital pharmacy, the pharmaceutical industry, research and education. Some examples include: Dr. Delores Shockley '51—First black female to receive a Ph.D. from Purdue University. Mrs. Mary Munson Runge '48—First and only black female to be elected president of the American Pharmaceutical Association, a national organization representing the Nation's 159,000 pharmacists.

● Many Xavier Pharmacy graduates are serving as faculty members and Deans of many Colleges of Pharmacy in the United States.

● Currently, there are four black Xavier graduates serving on State Boards of Pharmacy. One of which is the first black pharmacist to ever serve on the California Board of Pharmacy.

Xavier's commitment to academic excellence is further demonstrated by the graduates performance on the National Pharmacy Board Licensure Examination (NAPLEX). For example, on the January 1987 examination, Xavier graduates had a 96 percent pass rate and scored 6 points above the national average. The College of Pharmacy has increased its numbers of research grants dramatically since 1982 (the beginning year of advanced financial distress support). During the 1986–87 academic year, the College of Pharmacy faculty published over 50 articles and abstracts in scientific journals.

Since the 1982 time frame, the College of Pharmacy has increased its faculty, hired a new young and energetic dean who has put in place a very strong management team. With this new leadership and new directions, the College has grown in its academic offerings, research and community service. As a testament, the College of Pharmacy has just renewed for a fourth year a clinical services contract with Charity Hospital of New Orleans a 1,600 State operated teaching hospital. Xavier also is responsible, under contract for the administration of the pharmacy department which has a drug budget in excess of $2 million.

With the strength and continued growth of the College of Pharmacy it is now poised to assume the role of a true center of excellence.

Mr. WAXMAN. Thank you very much, Dr. Grace.

Let me ask, if any of you wish to respond to this, one of the provisions of this bill would allow your institutions to collaborate with non-minority institutions to assist them in increasing the number of black faculty and students at their schools.

Can you provide the committee with an example of how this would work?

Mr. SATCHER. I would like to make a response to that. We have developed relationships with several non-minority, if you will, institutions in the country. Of course, the relationship between Vanderbilt and Meharry over the last several years has significantly improved, and we are now sharing the national general hospital service, and that is going very well in the last 4 years.

In addition to that, Meharry has a joint memorandum of understanding with Columbia University for international health, and in the last 3 years, Meharry and Columbia have collaborated in putting on a special training program for African health professionals to help them go back to that country to take on some difficult drug-related problems, so we are sharing faculties, we have joint faculty appointments, and recently we have discussed with the University of Illinois the possibility of having members of our faculty spend 6 months out of 1 year there in special programs working with them, and as a way of helping to attract minority faculties, but also serving in faculty positions and relating to minority students.

So, we see this as an area that would benefit us as well as benefiting our sister schools in terms of impacting upon this problem of the interrelationship of black faculty and students.

Mr. GRACE. I would like to add to that that the Health Affairs Opportunity Program is being cut back. Xavier was fortunate in receiving a renewal this year. In addition to the College of Pharmacy, the University undergraduate program, especially in biology and chemistry, are well-known among professional schools.

Particularly this year, we have 38 black students going to medical schools. That is second only to Howard University. We have linkages with Tulane in New Orleans and several other schools. Faculty members have come from far and wide to learn about our program, and they have come down to see how many ways we can motivate students, particularly from the southeast, and so many of them get accepted.

We have a summer program, a combined program with Tulane now, where they go for the MCAT preparation and those kinds of things—was it 1 or 2 years ago we had seven minority students in Tulane's University freshmen class, and I think you will agree that is dramatic.

Mr. BOWIE. Let me make one brief addition to that, Mr. Chairman. The School of Veterinary Medicine, as Tuskegee is, is responsible for 78 percent of all black faculty that are located at the schools of veterinary medicine in this country. They are graduates of this one school of veterinary medicine. The numbers are very small, as you can imagine, but I think that is significant to point out that we are responsible for having trained 78 percent of all blacks who are now located on the campuses and at the universities and other schools of veterinary medicine.

Mr. SATCHER. Could I just add one point? As you know, the American Association of Medical Colleges is supporting this legislation, as is the American Medical Association, and they, as you know, represent all medical schools in this country, and physicians, and one reason for that support is that they are very aware of the problem which we are discussing that needs attention.

They also are aware of some of the special efforts that Meharry and other schools have made. Our summer program is comparable to Xavier's in terms of preparing studies to apply for medical and dental schools, has been going on for 20 years.

Ninety-eight percent of the students who have finished that program and applied to dental schools have been accepted. Seventy-six percent of those who have finished and applied to medical schools have been accepted. Now, less than half of those will come to Meharry, so we are supplying students for other schools who otherwise would not be available.

Just another example of how we are not—our effort is not just serving our own ends, but also relating to the needs of other health professional schools in the country, and with the appropriate support, of course, we can do a much better job of that.

Mr. WAXMAN. Why should Congress designate these four institutions as centers for minority health education? What distinguishes these institutions from other black health professional schools?

Mr. SATCHER. I think the first response to that is that these are private institutions. Of course, Xavier is the only—Xavier is the

only one of the predominantly black pharmacy schools that is private. The others are State-supported, so the private nature of these schools is one.

The other thing is the history. There are three other predominantly black medical schools. Howard, as you know, is a Freedman Bureau-related schools and receives support from the Federal Government. Morehouse is a developing schools that received massive support from Pilot Three for Developing Institutions.

The other school, Drew, is associated with UCLA, as you know, and it is a developing program. It has a 2-year program, students doing their first 2 years at UCLA, so in that sense, Meharry Medical College is the only private, predominantly black medical school in this country that is developed and thus far has been in existence now for over 100 years.

Mr. WAXMAN. Thank you very much.

Mr. Cooper.

Mr. COOPER. Thank you, Mr. Chairman.

I appreciate the chance to listen to this testimony, to be honest with you, I have become a cosponsor of this measure, largely at the urging of my colleague, Bill Boner, and hearing you testimony today has done a great deal to strengthen and deepen my knowledge of the situation as it exists today, the nature of your fine institutions.

You, as a source of black health professionals, have been incredible in the way you have supplied and continued to do that important job over the years, and I think each of you and your predecessors are to be congratulated.

It is also pointed out to me the need for this legislation, and I hope that Congress can supply you with a speedy answer to that question. I certainly intend to work with Bill Boner and Mrs. Boggs to do all I can to round up as much support as possible.

Dr. Satcher, the figures you mentioned of the 60,000 unnecessary deaths, 5 deaths every year as a result of poor health care, is truly startling testimony. That is more lives than were lost in the entire Vietnam War, yet it is happening every year in the minority communities due to lack of decent health care.

If that doesn't point out an urgent need, I don't know what else does.

Dr. Bowie, you quoted President Reagan's remarks at Tuskegee and those remarks sounded very wonderful. I take it the President didn't go on in his remarks to endorse this legislation or any other legislation to enact some of those goals, did he?

Mr. BOWIE. Not yet.

Mr. COOPER. I like that attitude. I like that attitude, but it is in your testimony and I look forward to getting those specific remarks that the President made, and supplying those remarks to colleagues of mine on both sides of the aisle, so that we can match that lip service with real action.

I appreciate your bringing that to my attention. I was aware that the President had visited Tuskegee, but I did not know what he had said on that occasion. If we can just get the administration to live up to that pledge, we will be in pretty good shape.

So, I appreciate the testimony of all of you and appreciate the job you did of communicating to me, and I in turn—and I know the

chairman will do the same—will communicate that knowledge to other Members of Congress. Thank you.

Mr. WAXMAN. We are going to give the President, I hope, a chance to sign legislation, and I think he will sign that bill, because it would be consistent with the views he has expressed in the past, and we are going to give our colleagues in the House and the Senate further opportunity to vote on this legislation.

I can't see what argument there would be against it, given a clear-cut case of why we need it, and we are going to do all we can to move this bill forward. Thank you very much for being with us.

Mr. SATCHER. Thank you.

Mr. BOWIE. Thank you.

Mr. GRACE. Thank you.

Mr. WAXMAN. That completes the hearing for today. We stand adjourned.

[Whereupon, at 2:10 p.m., the hearing was adjourned.]

[The following letters and statement were submitted for the record:]

AMERICAN VETERINARY MEDICAL ASSOCIATION
WASHINGTON OFFICE · SUITE 828
1522 K STREET N.W. · WASHINGTON D.C. 20005 · PHONE AREA CODE 202 / 659-2040

July 17, 1987

The Honorable Henry A. Waxman
Chairman, Health and Environment
Subcommittee
U.S. House of Representatives
2418 Rayburn House Office Building
Washington, DC 20515

Re: HR 954

Dear Congressman Waxman:

Please enter this letter as part of the record of the hearings to be held on Monday, July 20, 1987.

The American Veterinary Medical Association urges the Subcommittee on Health and Environment to fully support HR 954.

Members of minority races have not been adequately recruited into and educated in veterinary medicine. As a whole the profession and society is underserved by all minorities. We strongly support the intent of this bill which would significantly assist the veterinary profession, the veterinary medical colleges and most importantly individual minorities to enter and participate in the animal health care industry. Identifying and supporting Tuskegee University as a center of excellence in minority education in veterinary medicine is entirely appropriate and strongly supported by this national organization.

We also support the bill for the similar assistance it would provide for education of minorities in dentistry, human medicine and pharmacy.

Sincerely,

W.M. Decker, Director
Governmental Relations Division

THE ASSOCIATION OF AMERICAN VETERINARY MEDICAL COLLEGES

July 17, 1987

The Honorable Henry A. Waxman
Chairman, Health and Environment
Subcommittee
U.S. House of Representatives
2418 Rayburn House Office Building
Washington, D.C. 20515

Re: HR 954

Dear Congressman Waxman:

Please enter this letter as part of the record of the hearings to be held on Monday, July 20, 1987.

The Association of American Veterinary Medical Colleges strongly supports HR 954 and urges the Subcommittee on Health and Environment to give the bill its full support.

We have a serious shortage of minorities in veterinary medicine. Our best efforts have not resulted in the increased enrollments that we desire and which are so badly needed. The veterinary colleges strongly support the continuing efforts of Tuskegee University to provide leadership in minority recruitment, education and professional career development. This bill would assist Tuskegee University to continue and expand that lead role. The other colleges will seek their assistance and build on the results of their efforts. Funding a program of excellence in minority veterinary medical education at Tuskegee is a critical step in assisting minorities to achieve their proper role in veterinary medicine and in helping the educational community to achieve that goal.

We also support the bill for the similar assistance it would provide for human medicine, dentistry and pharmacy.

Sincerely,

Robert F. Kahrs
President

RFK/mmm

1522 K STREET, N.W. — SUITE 834 — WASHINGTON, D.C. 20005 — 202/371-9195

July 20, 1987

The Honorable Henry A. Waxman
Chairman
Subcommittee on Health and the Environment
U.S. House of Representatives
2415 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

I am writing on behalf of the American Association of Dental Schools (AADS) in support of HR 954, the "Excellence in Minority Health Education and Care Act". I understand you will hear testimony today on the need for this legislation, which would extend federal support to four historically-black health professions schools, including the Meharry Medical College's School of Dentistry. While the AADS is not presenting an oral statement at the hearing, we wish to be on record in support of Congressional efforts to sustain these institutions, which serve a unique and essential national purpose. We ask that this letter be included with the proceedings of today's hearing.

Unlike public universities--including many other historically-black institutions--which receive funding from their states, Xavier University College of Pharmacy, Meharry Medical College, Meharry School of Dentistry, and Tuskegee University School of Veterinary Medicine cannot depend upon state financial support. A great number of these colleges' graduates eventually practice in economically-depressed or rural areas, so they do not have the alumni resources others enjoy. Nor, because of their size, do these schools attract the research dollars of larger institutions. It is for these reasons, that even with excellent management, federal funding is necessary to keep these schools strong.

The AADS is very concerned about the underrepresentation of blacks in the health professions, and the related disparity in access to quality health care services. In academic year 1986-87, 286 of all first year dental students were black. Of these students, 16% attend Meharry Dental School. Terminating financial support to Meharry would seriously hinder efforts to increase the percentage of black dentists toward their proportionate representation in the population. Indeed, if the institutions mentioned in this bill were forced to close due to lack of adequate capital resources, the number of black health professions graduates would decrease significantly and the problem we face with a shortage of black health care professionals in this country would be worsened. We are confident that additional federal assistance will allow these schools to continue the model educational and research programs they have developed, and we are hopeful that other health professions schools might implement similar programs to attract underrepresented minority students to their own institutions.

We thank you for your interest in this important legislation, evidenced by your call for hearings. If the AADS can be of assistance to you and your staff as this bill moves forward, please do not hesitate to contact our office.

Sincerely,

Richard D. Mumma, Jr., D.D.S.
Executive Director

THE ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS
401 First Street, N.W., Suite 712
Washington, D.C. 20001

Telephone: (202) 347-7878

OFFICERS

MEMBERS

July 20, 1987

The Honorable Henry A. Waxman
Chairman
Subcommittee on Health and
the Environment
U.S. House of Representatives
2415 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

The Association of Minority Health Professions Schools is very pleased your Subcommittee is holding a hearing on H.R.954, the "Excellence in Minority Health Education and Care Act". We unanimously support this bill, and urge that you consider it as soon as possible.

Representatives from Meharry Medical College, Xavier University College of Pharmacy, and Tuskegee University School of Veterinary Medicine will present testimony in support of this very critical legislation. These individual institutions are all members of AMHPS, which is an Association of all of the black Professional Health Professions Schools in the nation, with the exception of those at Howard University.

Enactment of the Excellence in Minority Health Education and Care Act will insure that a Federal committment of resources is provided to the institutions that have traditionally trained the greatest number of blacks in the health professions, and who have demonstrated the capability and willingness to recruit, retain, and train disadvantaged blacks and other minorities to serve the underserved areas of our nation. Enclosed is a chart that outlines the critical national shortage of blacks in the health professions, while demonstrating the significant contribution that each institution has historically made in training all blacks in these health professions disciplines.

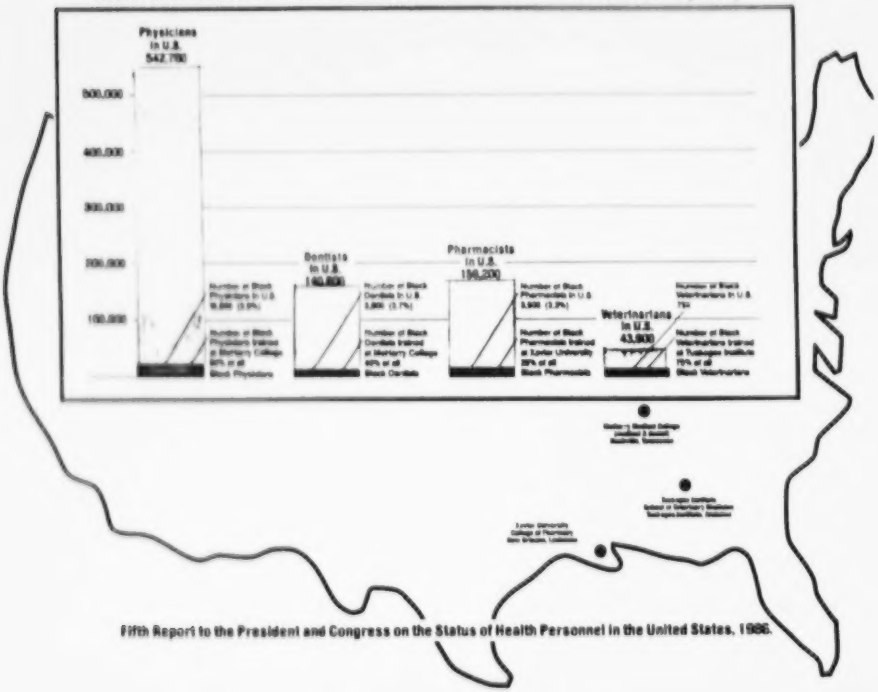
Thank you for the opportunity to present the views of the Association of Minority Health Professions Schools. We urge swift action on this measure to insure funding will be available for the coming fiscal year. Please make this letter a part of the July 20th hearing record.

Sincerely,

Marcellus Grace

Marcellus Grace, Ph.D.
President

Health Resources & Services Administration, Bureau of Health Professions (BHPr)



Fifth Report to the President and Congress on the Status of Health Personnel in the United States, 1986.

42

Office of Government Relations
Evan De Mello, Director
100 Vermont Avenue N.W. - Suite 402
Washington, D.C. 20005-1521
(202) 296-5697

AMERICAN LUNG ASSOCIATION
The Christmas Seal People®

Mr. Chairman and members of the Subcommittee, the American Lung Association and its medical section, the American Thoracic Society, commend your leadership in conducting hearings on H.R. 954, the Excellence in Minority Health Education and Care Act. The ALA/ATS strongly supports this measure and its Senate companion, S. 769, sponsored by Senator J. Bennett Johnston.

As members of the Subcommittee are aware, the legislation is of particular importance to four historically black institutions - the Meharry Medical and Dental Colleges in Nashville, the Xavier University School of Pharmacy in New Orleans, and Tuskegee University School of Veterinary Medicine in Tuskegee. The bill, which authorizes these institutions as Centers of Excellence in Minority Health Education in their respective disciplines, will continue a major step toward addressing the health status disparities among blacks which exist in the United States when compared to whites. This step includes the narrowing of the disparity which exists between black and white health professionals and the establishment of a mechanism for improving the nation's ability to effectively deal with specific health status problems that disproportionately affect blacks and other minorities.

The American Lung Association, through its Minority Outreach Initiative, is currently moving aggressively to combat the high incidence of smoking and related health problems among blacks and minorities. For example, blacks have a higher rate of smoking than whites - and also the highest rates of lung cancer and heart disease of any population group. Approximately 39.1 percent of black men smoke compared to 32 percent of all men in the country. Among young black women age 20 to 44, the percentage who smoke is 36.2 as compared to 34.3 percent of white women in the same age range who are smokers. At age 45 and over, the percentage is 28.1 for black women versus 23.6 percent for white women. The ALA has a particular interest, therefore, in the passage of H.R. 954, and all of the organization's affiliates throughout the United States are aware of the importance of its enactment this year.

Enactment of H.R. 954 during the current session is critical since this year marks the end of the Financial Distress Grant Program funding which provides monies for the training initiative. Accordingly, the ALA/ATS urges the Subcommittee to act expeditiously in favorably reporting this legislation. Moreover, the ALA/ATS strongly encourages members of the Subcommittee to work aggressively to ensure its enactment this year.